

# BEST AVAILABLE COPY

RESISTANCE AREA (for additional cross references)

POSTAL NO.	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.P.E. CLASSIFIER			7-13-01
FORMALITY REVIEW	B.H.	SEU	10/15/01
RESPONSE FORMALITY REVIEW	SK	809	1-7-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	1	✓
2	2	2	✓
3	3	3	✓
4	4	4	✓
5	5	5	✓
6	6	6	✓
7	7	7	✓
8	8	8	✓
9	9	9	✓
10	10	10	✓
11	11	11	✓
12	12	12	✓
13	13	13	✓
14	14	14	✓
15	15	15	✓
16	16	16	✓
17	17	17	✓
18	18	18	✓
19	19	19	✓
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31	31	31	✓
32	32	32	✓
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35	35	35	✓
36	36	36	✓
37	37	37	✓
38	38	38	✓
39	39	39	✓
40	40	40	✓
41	41	41	✓
42	42	42	✓
43	43	43	✓
44	44	44	✓
45	45	45	✓
46	46	46	✓
47	47	47	✓
48	48	48	✓
49	49	49	✓
50	50	50	✓

Claim	Final	Original	Date
51	51	51	
52	52	52	
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Claim	Final	Original	Date
101	101	101	
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150	150	150	

If more than 150 claims or 10 actions  
staple additional sheet her

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12/1/02